

2003-2004
Training Registration Form
South Dakota Division of Emergency Management

Course Name

Course Date

Name

Title

Organization

Address

City, State & Zip Code

County

Number of Years in Position

Current Position

Social Security Number*

Work Phone Number

Fax Number

E-mail address

Do you live 40 miles away from training site
& need us to reserve a hotel room for you?

Date(s) the hotel room is needed

Smoking or Non-smoking

Please note any special requests

***County Emergency Manager concurrence
(or attach a letter of concurrence)***

Fax completed form to 1-605-773-3580

*Your Social Security number will be used for registration and reimbursement purposes only.